

## COMPREHENSIVE EMERGENCY MANAGEMENT PROGRAM

**1. REASON FOR ISSUE.** This Veterans Health Administration (VHA) Directive establishes policy for administration-wide, Comprehensive Emergency Management Program (CEMP) and describes responsibilities for implementing the CEMP at the VHA Central Office, the Veterans Integrated Service Network (VISN), and Department of Veterans Affairs (VA) medical center levels.

**2. SUMMARY OF MAJOR CHANGES.** This revised VHA Directive:

a. Defines the VHA CEMP to encompass all programs administered by the VHA Office of Emergency Management (OEM), the Program Office for the VHA CEMP.

b. Reflects the 2011 VHA realignment by identifying the role of the OEM within the Office of the Deputy Under Secretary for Health for Operations and Management.

c. Changes the purpose and responsibilities of the Emergency Management Policy Group (EMPG), formerly known as the Emergency Management Coordination Group (EMCG), and eliminates the standing subcommittees.

d. Identifies disaster, emergency management and business continuity responsibilities for all levels within VHA.

**3. RELATED HANDBOOK.** VHA Handbook 0320.2, 0320.03, 0320.04, and 0320.05.

**4. RESPONSIBLE OFFICE.** The Office of Emergency Management is responsible for the contents of this Directive. Questions may be referred to 304-264-4800.

**5. RESCISSION.** VHA Directive 0320, dated July 5, 2007, is rescinded.

**6. RECERTIFICATION.** This VHA Directive is scheduled for recertification on or before the last working day of April 2018.

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DISTRIBUTION: E-mailed to the VHA Publications Distribution List 4/16/2013

## COMPREHENSIVE EMERGENCY MANAGEMENT PROGRAM

**1. PURPOSE:** This Veterans Health Administration (VHA) Directive provides policy for the organization and operation of the VHA Comprehensive Emergency Management Program (CEMP) by:

a. Providing direction for the development, coordination, maintenance, evaluation, and improvement of a CEMP at VHA Central Office, Veterans Integrated Service Networks (VISN), and Department of Veterans Affairs (VA) medical facility levels; and, for integrating those individual programs into a VHA enterprise-wide CEMP.

b. Identifying the responsibilities of each VHA level and for the Program Office.

**AUTHORITY:** Title 38 United States Code Sections 1784, 1785, 7328, 8111A, and 8117.

**2. BACKGROUND:** Comprehensive Emergency Management (CEM) is a concept that views the management of disasters and emergencies as occurring in a cycle that includes reduction or elimination of the impact from potential hazards (mitigation); building the capacity and capability of the organization to manage the impacts (preparedness); acting to stop on-going negative effects (response); and, working to restore essential functions and returning the organization to a new normal (recovery). Resiliency is the outcome of CEM and is defined as the ability to maintain mission critical business operations and regular healthcare services despite the effects of a disaster or emergency.

**3. POLICY:** It is VHA policy that the VHA CEMP will ensure the resiliency and continuity of functions essential to the delivery of health care services for VA patients, military personnel, and the public, as appropriate, in the event of a disaster or emergency.

## 4. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for:

(1) Designating the Office of Emergency Management (OEM) as the VHA program office for VHA's CEMP.

(2) Providing adequate resources for the VHA CEMP.

(3) Coordinating VHA policy with the Assistant Deputy Under Secretary for Health for Administrative Operations to ensure compliance with VA Directive and Handbook 0320.

(4) Authorizing policy and ensuring research, guidance, education, and training to support the development, maintenance, evaluation, and improvement of the VHA CEMP.

(5) Serving as the Agency Executive of the VHA Emergency Management Policy Group (EMPG).

(6) Serving as a member of the VA Crisis Response Team (CRT).

(7) Serving as a member of the National Disaster Medical System (NDMS) Senior Policy Group (SPG).

(8) Serving as co-chairperson of the Health Executive Council (HEC) with the Assistant Secretary of Defense for Health Affairs.

(9) Serving as a member of the Emergency Relocation Group (ERG) in support of the Secretary, in meeting the primary mission essential functions of the agency upon the activation of the Continuity of Operations Plan (COOP).

b. **Principal Deputy Under Secretary for Health.** The Principal Deputy Under Secretary for Health is responsible for serving as:

- (1) The point of contact on clinical matters with other offices in VHA.
- (2) The Chairperson of EMPG.
- (3) A member of the ERG.
- (4) The VHA Agency Executive, in the absence of the Under Secretary for Health.

c. **Deputy Under Secretary for Health for Operations and Management.** The Deputy Under Secretary for Health for Operations and Management is responsible for:

(1) Ensuring that VISNs and VHA medical facilities implement a CEMP that incorporates The Joint Commission (TJC), National Incident Management System (NIMS), and National Fire Protection Association (NFPA) requirements, as well as applicable Homeland Security Guidance, Presidential Directives, and Presidential Preparedness Directives that impact VA medical facilities.

(2) Ensuring continuous and safe operation of all VHA facilities during emergencies.

(3) Ensuring the provision of medical support to VA-Department of Defense (DOD) for military contingencies as defined under the VA-DOD Memorandum of Understanding.

(4) Coordinating with OEM to provide available support for the NDMS and the National Response Framework (NRF).

(5) Providing command and control of VHA operations during VA and VHA incident management activities.

(6) Ensuring compliance with the VHA CEMP through collaboration with OEM and other program offices within VHA.

(7) Serving as a member of the EMPG.

d. **Deputy Under Secretary for Health for Policy and Services.** The Deputy Under Secretary for Health for Policy and Services is responsible for:

- (1) Developing policy and guidance for Patient Care Services programs to include emergency management and response activities.
- (2) Serving as a member of the EMPG.
- (3) Providing staff to the VHA Emergency Management Coordination Cell (EMCC), as required.
- (4) Serving as a member of the Secretary of Veterans Affairs' ERG.

e. **Assistant Deputy Under Secretary for Health for Administrative Operations.** The Assistant Deputy Under Secretary for Health for Administrative Operations is responsible for:

- (1) Overseeing the VHA OEM.
- (2) Serving as Director of the VHA EMCC, at the direction of the Agency Executive, during disasters, emergencies, exercises, or other contingencies.

f. **Chief Public Health Officer.** The Chief Public Health Officer is responsible for:

- (1) Developing policy and guidance for public and population health, occupational health, and post-deployment health programs.
- (2) Working closely with VHA OEM during public health emergencies.
- (3) Serving as Director of the Public Health Emergency Management Response Group with the VHA EMCC during disasters, emergencies, exercises, or other contingencies.
- (4) Developing clinical policy as it relates to public health and emergency management.
- (5) Serving as a member of the EMPG.

g. **VHA Central Office Senior Officers.** Each VHA Deputy and Assistant Deputy Under Secretary is responsible for:

- (1) Developing and annually updating Annexes to the VHA Emergency Operations Plan (EOP) that identifies personnel, systems, records, and equipment necessary to support their essential operations in an emergency.
- (2) Ensuring personnel, within their area of responsibility, are knowledgeable of their defined responsibilities.
- (3) Ensuring personnel, within their area of responsibility, participate in VHA Central Office training and exercises regarding the VHA EOP.

(4) Conducting quarterly updates of call-down rosters of assigned personnel for rapid notification in an emergency.

h. **Director, VHA Office of Emergency Management.** The Director, VHA Office of Emergency Management, is responsible for:

- (1) Developing policy and direction for VHA's CEMP.
- (2) Developing an annual budget for the VHA OEM.
- (3) Planning and implementing the VA-DOD Contingency Hospital System and VA support of DOD during war and national security emergencies, and providing a liaison to represent VA to the United States Transportation Command's (TRANSCOM) Operations as required.
- (4) Planning VA support of NDMS through a field-based organization of Regional and Area Emergency Managers and support staff.
- (5) Coordinating and planning VHA support of the NRF Emergency Support Function #8, and other Federal emergency plans and activities, as required.
- (6) Developing and maintaining national interagency working relationships to facilitate VHA's participation in coordinated Federal planning and response to disasters and emergencies.
- (7) Providing a liaison to represent VA to the Department of Health and Human Services (DHHS) Secretary's Operations Center (SOC).
- (8) Coordinating VHA personnel deployments and logistical requirements to meet requests from Federal partner agencies and/or from VA field locations during actual activations or major exercises.
- (9) Facilitating VISN and VA medical centers CEMP development, implementation, sustainment and improvement, as well as assessing program capability.
- (10) Providing policy, direction and support for VHA's First Receivers Decontamination Program to facilitate readiness of VA Medical Center decontamination capabilities.
- (11) Providing liaisons to represent VHA with Regional Federal partners, State and local emergency management offices, and public health agencies when required.
- (12) Providing staffing for the VHA EMCC, as well as providing the day-to-day administrative activities, support, and maintenance of the VHA EMCC to ensure operational readiness.
- (13) Establishing task forces and work groups to address ongoing, new, or emerging needs and issues relative to the VHA CEMP.
- (14) Ensuring the development, exercise and maintenance of the VHA EOP.

(15) Maintaining the VHA Central Office COOP plan and alternate VHA Central Office relocation sites and list of VHA Central Office emergency essential employees.

(16) Providing training, readiness and oversight for the Disaster Emergency Medical Personnel System (DEMPS), the National Emergency Management Response Teams (NEMRT), and the Medical Emergency Radiological Response Team (MERRT).

(17) Providing emergency management exercise guidance and subject matter expertise for exercise development and evaluation to VHA entities.

(18) Developing a comprehensive training and education program for VHA CEMP.

(19) Engaging the VA Emergency Management Evaluation Center (VEMEC) to define evidence-based preparedness practices, as well as research projects for emergency management.

(20) Providing a reporting mechanism, using the VHA Watch Officers in the VA Integrated Operations Center that serves as a center for disaster-related information during times of crisis, as well as providing a common operating picture of the Administration during non-disaster periods.

i. **VISN Director.** Each VISN Director is responsible for:

(1) Appointing an Emergency Manager (EM) to coordinate VISN and VA medical center emergency management activities and coordinate within the medical center and with the VHA OEM Area Emergency Manager.

(2) Ensuring that each VHA facility has a CEMP that addresses the threats and hazards faced by those facilities, VA-DOD contingencies, and includes strategies to coordinate with State, local, tribal, private sector and non-profit organizations in the community.

(3) Developing a COOP plan for the VISN and exercising it annually.

(4) Developing an annual budget for the VISN CEMP program.

(5) Providing command, control, communications, and coordination among facilities within the VISN, and with VHA OEM during emergencies that affect the VISN.

(6) Coordinating support for the NRF and VA-DOD contingency planning and operations with VHA OEM.

(7) Designating staff to work with VHA OEM Regional EMs in development of regional exercises.

(8) Managing the DEMPS Program and supporting the NEMRT Program within their VISN.

j. **Facility Director.** The Facility Director is responsible for:

- (1) Appointing an EM to coordinate VA medical center emergency management activities.
- (2) Developing an annual budget for the VA medical center CEMP.
- (3) Developing a COOP plan for the facility and exercising it annually.
- (4) Developing a CEMP that addresses the threats and hazards faced by the facility and, VA-DOD contingencies, and includes strategies to coordinate with State, local, tribal, private sector and non-profit organizations in the community.
- (5) Providing oversight to ensure that the facility and associated Community-based Outpatient Clinics (CBOCs) are in compliance with all identified requirements.
- (6) Providing command, control, communications, and coordination among all departments and services within the facility during emergencies.
- (7) Serving, when so designated, as NDMS Federal Coordinating Center Director.
- (8) Developing and maintaining an all hazards EOP compliant with relevant standards and regulations.
- (9) Developing and maintaining First Receiver decontamination capability, as required.
- (10) Managing response to local emergencies and providing humanitarian assistance to the public as required.
- (11) Managing the DEMPS program at the facility and supporting NEMRT activities and responses.

k. **Emergency Management Policy Group (EMPG)**

- (1) **Function.** The EMPG serves to coordinate policy in VHA Central Office for internal or external disaster or emergency to ensure an integrated and coordinated VHA response. The EMPG advises the Under Secretary for Health who is a member of Secretary of Veterans Affairs' CRT.
- (2) **Membership.** The standing membership of the EMPG consists of:
  - (a) Principal Deputy Under Secretary for Health (Chairperson).
  - (b) Deputy Under Secretary for Health for Operations and Management (Vice Chairperson).
  - (c) Deputy Under Secretary for Health for Policy and Services.
  - (d) Assistant Deputy Under Secretary for Health for Administrative Operations.

- (e) Assistant Deputy Under Secretary for Health for Clinical Operations.
- (f) Chief Public Health Officer.
- (g) Chief Communications Officer.
- (h) Chief Nursing Officer.

**NOTE:** Other key VHA leadership may be added in an advisory capacity, as needed.

## 5. REFERENCES

### a. Title 38 United States Code, Veterans Benefits

- (1) Section 1784, Humanitarian care.
- (2) Section 1785, Care and services during certain disasters and emergencies.
- (3) Section 7328, Medical preparedness centers.
- (4) Section 8111A, Furnishing of health-care services to members of the Armed Forces during war or national emergency.
- (5) Section 8117, Emergency preparedness.

### b. Title 42 United States Code, The Public Health and Welfare

- (1) Section 5192–Federal emergency assistance.
- (2) Sections 300hh-300hh31–National All-Hazards Preparedness for Public Health Emergencies.

### c. Presidential Directives

- (1) Homeland Security Presidential Directive 5, Management of Domestic Incidents, February 28, 2003.
- (2) Homeland Security Presidential Directive 7, Critical Infrastructure Identification, Prioritization and Protection, December 17, 2003.
- (3) Presidential Policy Directive 8, National Preparedness, March 30, 2011.
- (4) Homeland Security Presidential Directive 10, Biodefense for the 21st Century, April 28, 2004.
- (5) Homeland Security Presidential Directive 20, National Continuity Policy, May 9, 2007.



(6) Homeland Security Presidential Directive 21, Public Health and Medical Preparedness, October 18, 2007.

(7) Presidential Policy Directive 21, Critical Infrastructure Security and Resilience, February 12, 2013.

d. **VA Directives**

(1) VA Directive 0320, VA Comprehensive Emergency Management Program, 2012.

(2) VA Directive 0321, Serious Incident Reports, 2012.

(3) VA Directive 0322, VA Integrated Operations Center, 2010.

(4) VA Directive 0324, Test, Training, Exercise, and Evaluation Program, 2012.

e. **Interagency Plans and Related Documents**

(1) National Response Framework, Department of Homeland Security, 2008.

(2) National Infrastructure Protection Plan, Department of Homeland Security, 2009.

(3) National Health Security Strategy, Department of Health and Human Services, 2009.

(4) National Disaster Recovery Framework, Department of Homeland Security, 2011.

f. **National and International Standards**

**NOTE:** *The following documents are not routinely available to the public, they may be available in some libraries.*

(1) The Joint Commission, Emergency Management Standards, 2011.

(2) National Fire Protection Association, 1600 – Standard on Disaster/Emergency Management and Business Continuity Programs, 2013.

(3) National Fire Protection Association Standard 99, Standard for Health Care Facilities, Chapter 12, Emergency Management, 2012.

(4) Emergency Management Accreditation Program Standard, 2010.

(5) ASIS SPC.1-2009, Organizational Resilience: Security, Preparedness and Continuity Management Systems, 2009.

(6) International Standards Organization 22301, Societal Security: Business Continuity Management Systems, 2012.